

For Board Use Only

Fee Paid: _____

Date: _____

Receipt #: _____

Applicant #: _____



**Professional Licensing Board
237 Coliseum Drive
Macon, GA 31217
Phone 404-424-9966**

www.sos.ga.gov/plb/nursinghome

ORDER FORM FOR LICENSE VERIFICATIONS

To request a license verification, please complete the following form and enclose a check or money order in the amount of **\$35.00** made payable to the Professional Licensing Boards and mail to the address listed above. **License Verification fees are non-refundable.**

Name of licensee or facility: _____

License #: _____ **Profession:** _____

Mailing Address: _____
(Street or PO Box)

(City) (State) (Zip)

Daytime Phone #: _____ **Fax #** _____

Email Address: _____

By submitting this request, I am requesting that verification of my license be sent to the state/entity/individual listed below:

Name or Agency Name:

Mailing Address: _____
(Street or PO Box)

(City) (State) (Zip)

Email Address: _____

Signature: _____ **Date:** _____